

original

(17)

UNITED STATES DISTRICT COURT

for the

Middle District of Tennessee

Division

RECEIVED

NOV 29 2022

US DISTRICT COURT  
MID DIST TENN

Case No.

03-22 0960

(to be filled in by the Clerk's Office)

FREDERICK JASON BOSSEMAN

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Williamson County  
Southern Health Partners

John Doe 2

John Doe 1

Dusty Rhoades

Jane Doe 1 Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Frederick Jason Bosserman

All other names by which  
you have been known:

ID Number

201700043806

Current Institution

Williamson County Jail

Address

408 Century Court

Franklin

City

TN

State

37064

Zip Code

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

John Doe

Job or Title (*if known*)

Medical Supervisor

Shield Number

Employer

Southern Health Partners

Address

unknown

City

State

Zip Code



Individual capacity



Official capacity

Defendant No. 2

Name

Southern Health Partners in care  
of Williamson CountyJob or Title (*if known*)

Shield Number

Employer

Address

unknown

City

State

Zip Code



Individual capacity



Official capacity

Defendant No. 3

Name

Williamson County Jail

Job or Title (if known)

Shield Number

Employer

Address

408 Century Court

Franklin

City

TN

State

37064

Zip Code

☐ Individual capacity

☒ Official capacity

Defendant No. 4

Name

Dusty Rhodes

Job or Title (if known)

Sheriff Williamson County Jail

Shield Number

Employer

Address

Williamson County Jail

408 Century Court

Franklin

City

TN

State

37064

Zip Code

☒ Individual capacity

☒ Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐ Federal officials (a *Bivens* claim)

☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

Denial of adequate medical care or action

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

## Defendants - continued

### Defendant 5

name - Chad Youker  
title - Lieutenant  
Shield # - 2236  
employer - Williamson County  
Address - 408 Century Court  
Franklin TN 37064  
☒ individual capacity ☒ official capacity

### Defendant 6

name - Jane Doe  
title - Nurse  
Shield # -  
employer - Southern Health Partners in care of  
Address - unknown Williamson County  
☒ individual capacity ☒ official capacity

### Defendant 7

name - John Doe  
title - Floor Deputy  
Shield # -  
employer - Williamson County Jail  
Address - 408 Century Court  
Franklin TN 37064  
☒ individual capacity ☒ official capacity

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

Please refer question to legal counsel once appointed  
I am an indigent inmate and do not have the  
legal experience to answer this question.

### III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (explain)

### IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

There are several events giving rise to my claim. I am unsure as to the date and time. The Williamson County Jail and Southern Health Partners are refusing to give the plaintiff access to his medical and institutional records.

C. What date and approximate time did the events giving rise to your claim(s) occur?

There are multiple dates and incidents giving rise to my claim. The Williamson County Jail and Southern Health will not provide the plaintiff with medical/institutional records

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

## V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

The plaintiff had gallstones that were ignored to the extent that his gallbladder ruptured, he contracted sepsis a serious blood infection which cause organ failure and near death along with a prolonged stay in 2 different hospitals and required 2 surgeries to fix. The plaintiff has continued to suffer from digestive issues related to incident.

## VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Actual Damages - cost of all surgeries and medical care  
Punitive Damages - 10 million Dollars

The plaintiff wants to hold the defendants responsible for injuries that occurred under their supervision and custody. The plaintiff is also looking for punitive damages for pain and suffering and to make sure this doesn't happen to another person in their custody.



## Statement of Claim -TD.

There are several events that happened over a 2 or 3 month period while incarcerated at the Williamson County Jail. The first incident I was rushed to the hospital where I was diagnosed with gallstones. Upon my return to the jail I was placed on medical segregation for several months. I continued to have complications and continuous pain. I filed multiple requests on the inmate kiosk system about the lack of medical care, pain and dietary concerns that were causing me severe pain. I was given multiple ultrasounds and taken to see a specialist for a CT Scan and surgery was recommended. I had another incident that required a trip to the emergency room at the Williamson County Medical Center. The doctor informed the officer that I needed emergency surgery because my gallbladder ruptured. The Williamson County Jail refused to let me have the surgery and then conspired with Southern Health Partners to have me released from custody. Upon my release I was admitted to Summit hospital after passing out. I was diagnosed with sepsis and organ failure from lack of medical care. I was transferred to Centennial Hospital and had to undergo 2 corrective surgeries and have my gallbladder removed.

## VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

- 
- B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

- C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes

☐ No

☒ Do not know

If yes, which claim(s)?



- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

Williamson County Jail

Inmate kiosk system

2. What did you claim in your grievance?

dietary issues

Pain from gallstones, discomfort

3. What was the result, if any?

ignored to the extent of gallbladder rupturing, sepsis and organ failure & hospitalization.

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

released before I could appeal grievance

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

*(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)*

### VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) \_\_\_\_\_

Defendant(s) \_\_\_\_\_

2. Court *(if federal court, name the district; if state court, name the county and State)*

\_\_\_\_\_

3. Docket or index number

\_\_\_\_\_

4. Name of Judge assigned to your case

\_\_\_\_\_

5. Approximate date of filing lawsuit

\_\_\_\_\_

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. \_\_\_\_\_

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

\_\_\_\_\_

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

☐ Yes

☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) \_\_\_\_\_

Defendant(s) \_\_\_\_\_

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

**IX. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

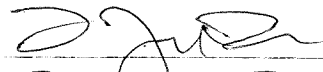
Date of signing: 11-15-2022

Signature of Plaintiff

Printed Name of Plaintiff

Prison Identification #

Prison Address



Frederick Jason Rousseau

2017 000 43806

408 Century Ct

Franklin

City

TN

State

37064

Zip Code

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address

FREDERICK JASON BISSAMAN  
#201700043806  
408 Century Ct  
Franklin TN, 37064



United States District Court  
Clerks office

RECEIVED  
NOV 29 2022  
US DISTRICT COURT  
MIDDLE TENN

Middle District Tennessee  
801 Broadway  
Nashville TN, 37203



11/22/2022 open when  
received  
original date  
MSS

This correspondence is from an inmate in a  
correctional institution. The Williamson  
County Sheriff's Office has neither  
censored nor inspected this item.  
Therefore this department does not  
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